



STATE OF INDIANA

ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street  
IGCS Room E114  
Indianapolis, IN 46204

Telephone 317 / 232-2430  
Fax 317 / 233-6114  
www.IN.gov/atc

**SUPPLEMENT FOR DIRECT WINE SELLER'S PERMIT APPLICATION**

The applicant, \_\_\_\_\_, seeks a Direct Wine Seller's Permit under Indiana Code 7.1-3-26. The applicant:

1. is domiciled and has its principal place of business in the United States;
2. is engaged in the manufacture of wine;
3. holds and acts within the scope of authority of an alcoholic beverage license or permit to manufacture wine that is required by Indiana or the state in which the applicant is domiciled and by the Tax and Trade Bureau of the United States Department of the Treasury;
4. qualifies with the Indiana Secretary of State to do business in Indiana;
5. consents to the personal jurisdiction of the Indiana Alcohol & Tobacco Commission and the Indiana courts;
6. The applicant files a surety bond with the commission in accordance with IC 7.1-3-1;
7. does not hold a permit to wholesale alcoholic beverages issued by any authority and is not owned in whole or in part or controlled by a person who holds a permit or license to wholesale alcoholic beverages;
8. sells not more than five hundred thousand (500,000) gallons of wine per year in Indiana, excluding wine shipped to an out-of-state address;
9. has not distributed wine through a wine wholesaler in Indiana within the one hundred twenty (120) days immediately preceding the applicant's initial application for a direct wine seller's permit or the applicant has operated as a farm winery under IC 7.1-3-12; and
10. is not the parent, subsidiary, or affiliate of another entity manufacturing any alcoholic beverage.

I certify that this supplement was completed by myself and that any attachments are true and correct. I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant's Name \_\_\_\_\_

d/b/a: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_